

NEWCASTLE-UPON-TYNE

Borough Lunatic Asylum,

EIGHTH ANNUAL REPORT,



1872.



NEWCASTLE-UPON-TYNE:

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1873.

A LIST

OF THE

COMMITTEE OF VISITORS

AND OFFICERS

FOR THE YEAR 1873.

Committee of Visitors.

1. THOMAS HEDLEY, Esq., CHAIRMAN.
2. RALPH DODDS, Esq.
3. ANTHONY NICHOL, Esq.
4. JOSEPH POLLARD, Esq.
5. THOMAS WILSON, Esq.
6. WILLIAM HUNTER, Esq.
7. BENJAMIN PLUMMER, Esq.

Clerk of the Committee.

JOHN ATKINSON, SOLICITOR, 72, PILGRIM STREET, NEWCASTLE.

Medical Superintendent.

R. H. B. WICKHAM, F.R.C.S., Ed.

Assistant Medical Officer.

F. T. BUTLER, M.A., M.D., T.C.D.

Chaplain.

THE REV. W. BOWLAN, LL.D.

Clerk of the Asylum.

MR. D. BRODIE.

Natron.

MISS THOMPSON.

Head Attendant.

MR. J. KIRKPATRICK.



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Newcastle-upon-Tyne Borough Lunatic Asylum.

REPORT 1872.

THE Committee of Visitors of the Newcastle-upon-Tyne Borough Lunatic Asylum have, in pursuance of the provisions of the "Lunatic Asylum Act, 1853," to make their Eighth Annual Report on the condition and management of the Institution.

On the 31st December, 1871, the number of patients on the books was 265 (viz., 119 male and 146 female). The admissions during 1872 were 84 (viz., 48 male and 36 female), and are chargeable in the following manner:—

	Male.		Female.		Total.
As Private Patients	3	.....	4	.....	7
From Newcastle Union	20	.....	30	.....	50
„ Durham County Asylum	20	.....	0	.....	20
„ Bramley Union	2	.....	1	.....	3
„ Dewsbury Union	2	.....	0	.....	2
„ Portsea Island	0	.....	1	.....	1
„ Durham	1	.....	0	.....	1
	<u>48</u>		<u>36</u>		<u>84</u>

The discharges were 90 (viz., 42 male and 48 female), the deaths 22 (viz., 14 male and 8 female).

The average number daily resident was 246 (viz., 105 male and 141 female), in which the per centage of recoveries calculated on the admissions (including 20 chronic cases from the Durham County Asylum), was 59·5, and the per centage of deaths calculated on the total number under treatment (349) was 6·3.

The number remaining on the books on the 31st December, 1872, was 237 (viz., 110 male and 127 female), being a decrease of 28 as compared with last year. Of this number—

5 are chargeable as private patients, as against 9 last year					
165	„	„	to the Newcastle Union	„	164
67	„	„	to other Unions	„	92
<u>237</u>			<u>265</u>		

The Committee have ample accommodation for private patients, whom they receive under the 43rd section of the

“Lunatic Asylum Act, 1853,” and for whom a charge of 20s. per week is made, and they are also willing to receive pauper patients from Unions which cannot find room within their own district. The charge for the latter is 14s. per week.

The Committee, on their monthly visits of inspection, have invariably found the Asylum in a clean and orderly state. A large number of the patients are employed within the house and about the grounds, and they have every reason to believe that their general health has been good, and that they meet with kind and careful treatment.

The Commissioners in Lunacy visited the Asylum on the 25th of July. Their Report will be printed, with that of the Medical Superintendent.

The following changes have taken place amongst the officers:—Mr. Lyle, the Assistant Medical Officer, resigned in March, and was succeeded by Dr. T. R. King, of the New Chester County Asylum. This gentleman was, however, in consequence of ill-health, compelled to vacate his post, and Dr. F. T. Butler was appointed in his room in November. In March, Mr. W. P. Stratton, the Clerk and Steward, resigned his situation, and Mr. D. Brodie, the Head Attendant, was selected to fill his place, and James Kirkpatrick was appointed Head Attendant.

The supply of water to the Asylum has always been defective, on account of the high elevation of the building, and the consequent weakness of pressure, and in the summer the matter became so serious that the Committee resolved to erect a pumping apparatus to force the water from the low main pipe to the tanks at the top of the house, which are capable of containing 5,000 gallons each, and which communicate, if necessary, with two other tanks in a lower level, each capable of containing more than 6,000 gallons. This, in common with all the improvements carried out during the year, such as the erection of fences, the laying down of walks, &c., has been paid for out of the surplus revenue derived from the rates charged for the maintenance of the out county patients.

In consequence of the higher rate of wages and the increased price of provisions, clothing, &c., and the reduced number of patients, the average expenditure per week per patient was higher in 1872 than it was in the year before, but the Committee are always anxious to maintain the Asylum as economically as possible, though not at the cost of efficiency.

The Committee are enabled to speak in the most favourable terms of the zeal and activity of Dr. Wickham, the Medical Superintendent, and the other officers, on the management of the Asylum, and of their unremitting care and kindness to the patients under their charge.

The Committee have not yet got settled with Mr. Walter Scott, the Contractor for the mason work. They have, however, now got the particulars of his claim, which they have referred to Mr. Moffatt, the architect who is appointed by the Agreement of Contract sole arbitrator to adjust and settle any dispute or difference between the Committee and the Contractor, and his report will shortly be received.

The Committee will receive the usual Annual Report from Dr. Wickham, with the statistical tables for the year, which, with a statement of the receipts and expenditure under the maintenance fund, will be printed and circulated amongst the Justices.

In consequence of the death of Henry Parker and John Blackwell, Esqs., and the retirement of Henry Liddell, Esq., it becomes necessary to appoint additional Members of the Committee of Visitors of the Asylum, and a Special Meeting of the Justices of the Borough has therefore been called for that purpose.

THOMAS HEDLEY, CHAIRMAN.

ANTHONY NICHOL.

JOSEPH POLLARD.

RALPH DODDS.

THOS. WILSON.

ENTRY BY THE COMMISSIONERS IN LUNACY.

NEWCASTLE-UPON-TYNE BOROUGH ASYLUM,

JULY 25TH, 1872.

The Asylum for the Borough of Newcastle-upon-Tyne has been this day visited by us. We have inspected every part of the building and its offices, and the farm and the airing-courts. We have also seen every patient except 3 paupers of each sex and 2 private patients absent on leave. According to the books of the Asylum there are now 98 male and 138 female paupers here, and 3 male and 8 female private patients. The paupers belonging to the Borough are 69 men and 94 women; their weekly maintenance is now 11s. The charge for the others, amongst whom are included 34 Middlesex, 17 Lancashire, 16 West Riding, 1 Durham, and 1 Portsea paupers, is 14s. The Asylum has accommodation in the main building and farm-house for 300 patients, and accommodates 247, so that there are 53 vacancies, about 26 for each sex.

The admissions since last visit have been of male paupers, 49, of female paupers, 45. The private patients admitted have been 4 men and 7 women. The discharges have been 42 male paupers and 44 females of that class—of these 25 men and 26 women are reported to have left the Asylum “recovered;” 2 males and 1 female from the private list have also been discharged, but none of these appear among the recoveries. Eleven men and 5 women have escaped, of the former 7, of the latter 4 were re-taken. Of the patients, 21 males and 8 females have died, all from ordinary causes. The general health has been good, the records show only 3 cases of men secluded, on 9 occasions, and 6 of women on 26 occasions—to-day 2 men were in seclusion. The patients were dispersed when we visited them in their wards and airing-courts, and with very few exceptions were quiet and orderly in their demeanour. Their appearance in regard to dress was fairly satisfactory; many of the men were in the courts, but in slippers;

although the weather was fine and the ground dry, we think that shoes should be there worn, and were sorry to learn that a deficiency of shoes exists. We understand that the men's under-linen is changed twice a-week, but that they sleep in that worn during the day time.

We were present in several wards during dinner, and found that it consisted of Australian meat and pease-pudding, which was followed by another pudding of bread and currants—both men and women had also a mug of beer. We tasted everything at table, and could find no fault. The patients seemed quite content with the fare, and with their general treatment—several spoke highly of those in charge of them. Dining in the Hall were associated 60 men and 42 women. There are 8 male and 10 female attendants, and 1 night attendant in each division. The men are engaged at £26 per annum, with uniform, a rise of £2 at the end of six months, a further rise of £2 in another twelve months, and then a gradual increase of wages to £35, at the discretion of the Superintendent. The women's wages commence at £14, and rise in the same way to £15 and £16, and ultimately to £20. The Head-Attendant and Matron, respectively, receive £40 yearly.

As we passed through the dormitories they were in good order, but some of the bedding was in an unsatisfactory condition, the mattresses, both horse-hair and straw, being insufficiently filled—these latter are only used by the wet and dirty patients. On a few beds the sheets and blankets, though the beds were made up for the night, were in a soiled state. We called the attention of the Chief Male Attendant—in whose division they were—to this matter, and expressed our opinion that great vigilance on his part was necessary to ensure cleanliness of the bedding. We have recommended to Mr. Wickham the substitution of horse-hair for straw mattresses as in every respect preferable, even as regards cost in the long-run.

The wards and galleries were clean, and presented an air of comfort, especially on the women's side. With reference to a

remark upon this subject in the Commissioners' last entry, we may observe that the coverlets on the beds used by the patients are now retained there at night. We found the papering in No. 1 Male Day Room dirty and worn in many places, and would suggest that when renewed the lower part should be painted, and have an ornamental border of stencilling. Light vallances would add to the aspect of comfort of many of the rooms, and involve but little outlay. The staircases leading to the several dormitories are also deficient in hand-rails—these should be added for the safety of the patients. We were sorry to find that from want of pressure, there was a failure of water supply in many of the lavatories, but the Medical Superintendent informed us that this was unusual, and that he proposed to apply immediately for leave to erect a donkey-engine, which would meet the difficulty. In the bathing department an improvement is about to be carried out forthwith, by the removal from the female general bath-room of the two baths in the centre to the bath-room at the farm-house, these now in use at the latter place to be taken to the laundry for the soaking of foul linen. The number of patients who attended Divine Service in the Chapel last Sunday was 45 men and 60 women, so we were informed. This is in regard to the number of patients, we think, below the average in other Asylums. None now attend the Parish Church; about 20 men and 36 women go beyond the Asylum grounds; 34 males are usefully employed out of doors, and 20 in ward cleaning and assisting the attendants; 81 women work. At the date of our visit many were employed at needlework in a large room devoted to that object. There have been since last visit four entertainments, juggling, &c., and a concert, besides the weekly dances. The average attendance has been 50 males and 70 females or thereabouts. A large dormitory, not used hitherto, which is on the male side over the store-rooms and passage, has been lately fitted up for theatrical performances. A cricket ground has also been formed close to the Asylum, between it and the farm-buildings. Much remains to be done in laying out the grounds ornamentally, and for the exercise of the patients. We trust that no delay may

take place in the formation of boundary and other walks, and in more plantings. The recommendations of our colleagues at the last visit have for the most part received attention, but the suggestion of substituting keys for the handles of the gas taps has not been carried out. The safety of the patients requires that these taps should be solely under the control of the attendants. We would again call the attention of the Committee of Visitors to this subject. Many of the water-closets are still defective, and their faulty construction requires to be remedied. The case books are, we are glad to find, not so much in arrear as regards the old cases, and the new are all posted up.

Dr. Lyle, the Assistant Medical Officer, has resigned, and is succeeded by Dr. King. Miss Thompson, for ten years Assistant Matron in the North Riding of York Asylum, has been appointed in the room of Miss Lalland resigned, and Mr. David Brodie, formerly the Head Attendant, is now the Clerk and Steward of this Asylum.

CHARLES PALMER PHILLIPS,	} Commissioners
ROBERT NAIRNE,	
	} in Lunacy.

THE MEDICAL SUPERINTENDENT'S REPORT.

To the Committee of Visitors.

January, 1873.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit the Eighth Annual Report, with the Statistical Tables, for 1872.

On the 1st of January, 1872, there were 265 patients in the Asylum, and on the 31st of December there were remaining on the books 237. This decrease, which would have appeared considerably larger if there had not been admitted from the Durham County Asylum 20 male patients, just before the close of the year, is due to the fact that there is now very greatly increased accommodation in the Ridings of Yorkshire for the pauper lunatics of that district, and consequently we are not called upon to receive them here, and those whom we had here have been transferred to their own Asylums.

The admissions during the year were 84, including 7 private patients of the upper class, and of the total number the Borough of Newcastle-on-Tyne contributed 50 pauper patients, being about the usual number from our own district.

The discharges were 90, of which 50 were recovered cases, being about 59·5 *per cent.* of the admissions. But if the 20 chronic cases admitted from the Durham County Asylum are excluded from the calculation, and for statistical purposes they ought to be, as they are merely received in this Asylum to serve a temporary end, and will be removed as soon as there is room for them in their own County, we have the gratifying *per centage* of 78. Those patients who were discharged as *relieved* or *not improved*, were chiefly cases from the West Riding of Yorkshire, for whom there is now accommodation in the Asylums of that County.

The deaths were 22, being in the ratio of 6·3 *per cent.* of the entire number under treatment, or 9 *per cent.* of the average number daily resident throughout the year. A good deal has been said in the Medical and General Newspaper Press of the

healthy influence of the very disagreeable weather of 1872, and the very large *per centage* of recoveries, and the low death rate, do indeed seem to point in a particular manner to the fact that, however unpleasant it was, and however disastrous to many branches of industry and commerce, it was not without its beneficial effects on the sick and aged.

Of the admissions, 47 were in a "fair" state of health, 18 were "weak," and 19 were "very weak." But as 20 of those who were in a "fair" condition were cases from the Durham Asylum, the recent cases in a weak and much impaired state were in excess of those who were fairly healthy. Of these admissions there were discharged as *recovered* by the end of the year, 4 patients (*viz.*, 1 male and 3 females) who are registered as being in a "fair" state of health, 7 (*viz.*, 3 males and 4 females) registered as "weak," and 3 (*viz.*, 3 females) registered as "very weak." As a rule it may be said that incurable cases are in better physical health on admission than curable ones. This is to be accounted for by the fact that many of the incurable cases are those of *dementia* and of *chronic mania*, neither of which mental disorders ravages the constitution like *acute mania* and *melancholia*. This may also be cited as an argument for the early treatment of the insane, because the longer the treatment is delayed in the curable cases, the more impaired in strength do the patients become, and consequently so much the less able to resist the wasting effects of acute mental disease. So impressed are Asylum Physicians with the advantage of early treatment that it is now the rule in all well regulated Asylums to treat all cases on their admission as though they were curable, even although it must be apparent to the experienced eye that many of them have sunk into hopeless fatuity. If the friends of the lunatic would view the matter in the same light, and, instead of merely considering their own selfish feelings with regard to having a relation insane and in an Asylum, would generously make up their minds to do the best they can for him, many a man who is now hopelessly insane might be at liberty, and a useful member of society.

I am induced to make this remark on account of a circumstance which has struck me as being rather peculiar. On several occasions during last year I received an intimation that I might be desired to visit some one who was supposed to be labouring under mental disease. What was almost invariably said to me was, we hope we shall not require your advice, but we are afraid that if he gets much worse we shall have to send for you. In other words, as long as there was a chance of my being able to do some good in the case I was not called in, but when all hope was gone I was to be sent for to tell them what they could see for themselves, that their friend was incurably insane. This is a fair specimen of the want of intelligence which prevails amongst all classes in regard to the propriety of seeking prompt advice in mental disease. It should be remembered that it is far from necessary to treat all cases of insanity within an Asylum, among the higher classes especially, if they were seen early enough, asylum treatment might possibly be largely dispensed with, and the patients attended to at home in a manner very little different from that in which they would be treated if labouring under any other grave physical illness.

The writer of a review of the *Lunacy Blue Books*, in the *Journal of Mental Science*, suggests that statistics should be obtained of the plan of procedure on the admission of a patient into an Asylum. This is a valuable suggestion, and by way of furnishing my *quota* towards it, I give here a copy of the rules for the admission of patients, and the papers to which they allude, all of which were adopted shortly after I entered on my duties here, and have consequently been in use for about two years.

BOROUGH LUNATIC ASYLUM, NEWCASTLE-ON-TYNE.

REGULATIONS FOR THE ADMISSION OF PATIENTS.

I.—Every Patient shall be received personally by one of the Medical Officers.

II.—The Matron, or the Head Attendant, as the case may be, shall be in attendance, and shall receive directions from the Medical Officer as to the disposal of the Patient.

III.—They shall on no account remove the Patient from the Receiving Room until directed by the Medical Officer to do so.

IV.—Having received their directions from the Medical Officer, they shall accompany the Patient to the Bath Room, and personally superintend the bathing; and they shall not on any pretence lose sight of the Patient until the bathing operations are completed.

V.—When they have seen the Patient dried and dressed, they shall immediately proceed to draw up a report of the bodily condition of the Patient, noting any wounds, bruises, evidence of injury, &c., however trifling; and they shall give this report, signed by themselves, to the Assistant Medical Officer.

VI.—Should this report indicate anything unusual, the Assistant Medical Officer shall make a personal examination of the Patient at once.

VII.—In every case, the physical and mental condition of a newly admitted Patient shall be carefully ascertained by the Assistant Medical Officer, not later than the evening visit; and he shall report, in writing, the result of his examination to the Medical Superintendent, whether he has observed anything unusual or not.

The Assistant Medical Officer writes, in a book printed for the purpose, the name of the patient, to which ward he is assigned, whether he is epileptic, suicidal, or dangerous, and any other particulars which may come to his knowledge, and having signed the statement gives it to the Head Attendant, in the case of a male patient. This officer takes the patient to the ward to which he is assigned and sees him bathed. He then delivers the following paper to the Attendant in charge of the ward, which is a copy of the entry made in the book by the Assistant Medical Officer.

NEWCASTLE BOROUGH LUNATIC ASYLUM.

MALE DIVISION.

Name,
 Date of Admission,
 To which Ward assigned,
 Epileptic,
 Suicidal,
 Dangerous,
 Any other particulars,
 If removed to another Ward, state the reason here and the date
 (*Signature*)
 HEAD ATTENDANT.

This Paper shall accompany the Patient, if removed from one ward to another, and shall be filed by the Attendant in charge of the Ward.

He then immediately proceeds to draw up a report of the condition of the patient, as observed when bathing him, of which the following is the printed form:—

NEWCASTLE BOROUGH LUNATIC ASYLUM.

.....18

Report as to the Condition on Admission of.....

(To be given to the Assistant Medical Officer immediately after Bathing a New Patient.)

1.—Bodily condition.

2—Whether any, and in what position, bruises, wounds, pain, or other evidence of injury or disease were observed on the person.

Signature,.....

HEAD ATTENDANT.

If this report indicates anything unusual or suspicious, the Assistant Medical Officer makes an examination at once, but in any case the patient is carefully examined at the evening visit, and a report sent to me, of which the following is the printed form:—

NEWCASTLE BOROUGH LUNATIC ASYLUM.

Physical Examination on Admission of

1.—CIRCULATORY SYSTEM :—Heart, Arterial and Venous Pulses.

2.—RESPIRATORY SYSTEM :—Lungs, Larynx, &c.

3.—NERVOUS SYSTEM :—Brain (Intelligence, Headache, &c.) ; Spinal Cord and Nerves (Pain, Gait, Trembling, Paralysis, &c.).

4.—DIGESTIVE SYSTEM :—Tongue, Abdomen, Liver, &c.

5.—GENITO-URINARY SYSTEM :—Uterus, &c., Kidneys, &c.

6.—INTEGUMENTARY SYSTEM :—Eruptions, Tumours, Wounds, Bruises, Fractures, &c.

Date,.....*Signature*,.....

ASSIST. MED. OFFICER.

All new patients, unless too excited to admit of it, sleep in a dormitory of which an attendant is personally in charge, and, whenever practicable, the dormitory chosen is the one occupied by the Night Watch when not engaged on his round. For a week after admission the night watch must report how each new patient slept, and for a longer time if he is sleepless, in fact every night

that he is so. For a few days he is not permitted to work, both in order that he may be better under observation, and by reason of his idleness exhibit some peculiarity of conduct and demeanour which might not be so prominent if he were occupied, and also that we may discover the better what work he would like to do. If he does not express any desire at all in that direction, he is urged by the attendants to lend them a hand in scrubbing the floors, cleaning the windows, making the beds, and so forth, and so in the course of a short time after his admission we generally find out whether he is disposed to work or not. With the very excited of course this cannot be done, but we have in their case to wait until exercise in the open air, the use of morphia, or perhaps of chloral, or seclusion, and attention to constitutional treatment have soothed them into something like tractability.

So much for the recent admissions. There is in all Asylums a class who can work, but who will not. These never receive any indulgence, that is, no extra recreations are provided for them. They are never permitted to be out on parole, and they of course do not receive luncheon.

All new cases are entered in the Case Book within a day or two of their admission; all the information which can be got respecting them is registered there, and a careful entry is made of their physical condition, copied from the report which is quoted above, and also of any evidence which may be presented of unsoundness of mind.

This is the general plan on which I believe most Asylum Physicians proceed; it is not, however, put forward as a model where it differs from the views of other people, but only as the one which I myself have found most workable, and as a contribution to the Statistics of the Treatment of the Insane in Asylums.

An examination of the Tables gives but few features of interest as distinguished from that of other years.

From Table XI. it appears that of the 196 admissions, discharges, and deaths during 1872, in 39 or just one-fifth the

insanity was ascribed to habits of intemperance, and it is very probable that of the 82 cases in which the cause of the insanity is entered as "unknown," at least the same *per centage* may be taken. Those who know, however, the extreme difficulty, sometimes amounting to absolute impossibility, of ascertaining the true cause of insanity in a very large majority of cases, will refrain from drawing too decided conclusions from this table.

The deaths were due to much the same causes as in previous years. General paralysis of the insane again heads the list, the deaths from this disease being in the proportion of about 36 *per cent.* of the entire number. We have consequently again the unhappy privilege of, if I am not mistaken, being far in front of all other Asylums with regard to the prevalence of this terrible disease.

One of the deaths, a case of general paralysis also, and included in the above *per centage*, was due to a wound of the scalp, and consequent concussion of the brain, from a blow inflicted by a fellow patient. This sad circumstance occurred on the 8th of November, at about half-past seven in the morning. McCrate, the patient who inflicted the injury, was walking up and down the passage of the ward, and seeing Saint, the patient who was killed, stooping, he suddenly knocked him down and stamped violently on his head, below the left ear. Two attendants were in the ward, and rushed up, but of course it was unhappily an affair of a few moments. Saint lingered nine days, but never appeared to be conscious, and died on the 16th of November. This much to be regretted circumstance is only one instance of hundreds, of the anxieties of Asylum life; those who have no experience of it little know that every day, by constant vigilance only, such accidents are prevented, and that those which happen bear a surprisingly small proportion to those which by careful nursing are averted. As the Superintendent of another Asylum said, in a recent Report, "An accumulation of 400 insane patients is like a dangerous mine, where one cannot be sure what may happen at any time, however many are the precautions taken to avoid an accident."

One of the nurses died during a struggle with a patient. This woman, who was one of the most dangerous epileptic patients I ever saw, refused one evening to go to bed, and the Matron having been sent for, coaxing was tried, but without any effect. The Matron then, with the assistance of some nurses, attempted to take her to her bed-room, and a struggle ensued, in the course of which Eliza M'Kenna, the nurse, was seized by the hair of the head and thrown to the ground. She was quite dead when seen by me a minute afterwards, and from the fact that she apparently made no effort with her hands or otherwise to break the fall, I believe she really died on her feet. The *post mortem* examination revealed an unusual degree of fatty degeneration of the heart, that organ breaking up readily between the finger and thumb. The event threw a gloom over the whole establishment, where the nurse was a great favourite, and I take this opportunity of expressing my personal regret that so valuable a servant should have met with so unhappy a death.

Post mortem examinations have been held in all cases of death, except one, where leave was peremptorily refused, nor were the relations of the patient to be moved by any solicitations on my part. Such obstinacy is, I am glad to say, not the rule, and for the most part the friends of deceased patients are glad to grant such favours, as a return for the obligations under which they lie for the liberal treatment their afflicted relatives receive in Lunatic Asylums.

The amusements have consisted, as usual, of dances, entertainments, a large pic-nic, walks in the country, cricket, &c., and we have recently added theatricals, a never-failing mine of pleasure to the insane. A dramatic company has been organised amongst the attendants with great success, and they have already given entertainments, in which some of them showed histrionic ability considerably above the average.

Dr. King, the Assistant Medical Officer, appointed in the place of Dr. Lyle, was compelled to resign in consequence of bad health, and Dr. F. T. Butler, of Trinity College, Dublin, was

appointed in his room. That gentleman has been a most fortunate appointment for the Asylum. Mr. Brodie, who succeeded Mr. Stratton as Clerk and Steward, has been most zealous in promoting the economical interest of the Institution. Miss Thompson, the Matron, has been a very valuable coadjutor in forwarding the comfort and social amenities of the female side of the house, and that of the resident officers. The conduct of the Attendants, Nurses, and Servants has been, with a few exceptions, worthy of commendation.

During the year, additions have been made to the library by kind and sympathising friends. Where so many have been thoughtful, it is invidious to single any out, but special mention should be made of the kindness of the *Society for Promoting Christian Knowledge* who sent a large case of valuable books. Gifts of old newspapers are easily made, and prove an endless source of delight to many of our inmates, especially the old and feeble, the winter of whose life is pleasantly cheered by these little attentions.

I have, in conclusion, to tender you my sincere thanks for the hearty and liberal support with which you have invariably favoured me in the discharge of duties, which, under other circumstances, would be unbearably anxious and trying.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your most obedient servant,

R. H. B. WICKHAM.

APPENDIX I.

TABLE I.,

Showing the Admissions, Re-Admissions, Discharges, and Deaths, during the Year 1872.

				Males.	Females.	Total.
In the Asylum, 1st January, 1872.....				119	146	265
	Males.	Females.	Total.			
Admitted for the first time during the Year... ..	48	35	83			
Re-Admitted during the Year	0	1	1	48	36	84
Total under treatment.....				167	182	349
Discharged—						
Recovered	17	33	50			
Relieved..... ..	13	4	17			
Not improved	12	11	23			
Died	14	8	22			
Total discharged and died.....				56	56	112
Remaining in the Asylum on the 31st December, 1872.....				111	126	237
Average number daily resident.....				105	141	246

TABLE II.,

Showing the Admissions, Re-Admissions, Discharges, and deaths from the opening of the Asylum to the present date, 31st December, 1872.

				Males.	Females.	Total.
Persons Admitted during the period of 7½ years...				329	316	645
Re-Admitted				11	20	31
Total number of cases admitted.....				340	336	676
	Males.	Females.	Total.			
Discharged—						
Recovered	73	108	181			
Relieved.....	28	18	46			
Not improved	25	38	63			
Died	103	46	149			
Total discharged and died during 7½ years.....				229	210	439
Remaining in the Asylum on the 31st December, 1872				111	126	237
Average number daily resident during the 7½ years.....				86 6-15	98 2-15	184 8-15

TABLE III,

Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per Cent. of the Admissions for each Year since the Opening of the Asylum, 24th June, 1865.

YEARS.	Admissions.			Discharges.						Died.			Remaining 31st December of each year.			Average Number Resident.			Per Centage of Recoveries on Admissions.			Per Centage of Deaths on Average Numbers Resident.		
	Males.	Females.	Total.	Recovered.		Relieved.		Not Improved.		Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Mean.	Males.	Females.	Mean.
				Males.	Females.	Males.	Females.	Males.	Females.															
1865.....	58	56	114	2	...	...	...	...	...	...	2	2	56	54	110	48	48	96	3.4	...	1.7	...	4.1	2.0
1866.....	19	28	47	5	11	1	1	1	...	5	6	11	64	64	128	62	60	122	26.3	39.3	34.2	8.0	10.0	9.0
1867.....	20	17	37	6	14	...	1	...	...	7	3	10	71	63	134	67	63	130	30.0	82.3	54.6	10.4	4.7	7.6
1868.. ..	31	26	57	4	11	1	4	1	...	12	5	17	84	69	153	74	68	142	11.9	42.3	26.3	16.2	7.3	11.9
1869	26	25	51	12	10	2	3	2	...	12	4	16	82	77	159	80	75	155	46.1	40.0	43.1	15.0	5.3	10.3
1870... ..	70	110	180	4	13	2	4	2	1	25	7	32	119	162	281	93	128	221	5.7	11.8	9.4	26.8	5.4	14.4
1871.....	68	38	106	23	16	10	1	7	26	28	11	39	119	146	265	119	153	272	33.8	42.1	37.0	23.5	7.2	14.3
1872.....	48	36	84	17	33	13	4	12	11	14	8	22	111	126	237	105	141	246	35.4	91.6	59.5	13.3	5.6	9.0
Total, 7½ years.	340	336	676	73	108	28	18	25	38	103	46	149	...	...	...	...	...	...	..	...	...	...	...	...

TABLE IV.,

Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1872.

Admitted.					Of each Year's Admissions, Discharged and Died in 1872.					Total Discharged and Died of each Year's Admissions to 31st December, 1872.					Remaining of each Year's Admissions on 31st Dec., 1872.										
YEARS.	New Cases.		Re-lapsed Cases.		Total Number.	Recovered.		Relieved.		Not Improved.		Died.		Recovered.		Relieved.		Not Improved.		Died.		Males.	Fem.	Total.	
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.					
1865	58	56	114	1	...	1	1	2	7	6	13	1	2	1	1	2	31	36	67
1866	18	25	1	3	47	...	...	...	...	...	...	...	...	...	4	13	17	...	5	2	7	6	12	12
1867	19	14	1	3	37	...	...	...	...	...	...	...	...	...	5	11	16	...	...	...	3	3	7	10
1868	29	22	2	4	57	...	...	...	...	...	...	...	...	...	10	12	22	...	4	...	5	3	7	10
1869	26	22	...	3	51	1	...	...	...	...	...	...	...	...	8	11	19	2	8	...	4	6	9	9
1870	68	108	2	2	180	6	8	14	3	5	...	...	...	...	16	24	40	4	10	5	25	17	44	61
1871	63	34	5	4	106	6	14	20	7	11	6	5	2	7	19	21	40	11	13	10	17	11	3	14	
1872	48	35	...	1	84	4	10	14	3	2	6	1	2	3	4	10	14	3	4	4	1	36	21	57	
Total	329	316	11	20	676	17	33	50	13	4	17	12	11	23	73	108	181	28	46	25	38	63	103	111	237

Summary of the Total Admissions.			
Per	Centage of Cases	Male.	Total.
Recovered	21.5	32.2	26.8
Relieved	8.3	5.3	6.9
Not Improved	7.3	11.3	9.3
Dead	30.2	13.7	22.0
Remaining	32.7	37.5	35.0
	100.0	100.0	100.0

TABLE V.,

Showing the Form of Mental Disease in those Admitted and Discharged Recovered during the Year 1872.

	ADMISSIONS.			RECOVERED.		
	Males.	Fem.	Total.	Males.	Fem.	Total.
Mania, Acute	12	16	28	10	19	29
„ Chronic	11	2	13	..	...	..
Dementia	12	5	17	...	...	...
Melancholia	8	10	18	3	12	15
Monomania	4	2	6	4	2	6
General Paralysis	1	1	2	...	...	...
Total.....	48	36	84	17	33	50

TABLE VI.,

Showing the Causes of Death during the Year 1872.

CAUSES OF DEATH.	Males.	Fem.	Total.
CEREBRAL AND SPINAL DISEASES:—			
Apoplexy and Paralysis.....	...	2	2
Epilepsy .....	...	1	1
General Paralysis of the Insane	6	1	7
Maniacal Excitement	1	...	1
Inflammation, Tumours, and other Diseases of the Brain.....	1	..	1
THORACIC DISEASES:—			
Pulmonary Consumption.....	3	...	3
Disease of the Heart.....	2	...	2
Wound of the Scalp.....	1	...	1
Asthenia .....	...	2	2
Old Age.....	...	2	2
Total.....	14	8	22
Ascertained by <i>post mortem</i> examination	13	8	21

TABLE VII.,

Showing the Length of Residence in those Discharged, Recovered, and in those who have Died during the Year 1872.

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	Male.	Fem.	Total.	Male.	Fem.	Total.
Under 1 month .....	...	...	...	1	1	2
From 1 to 3 months	2	1	3	...	...	...
„ 3 to 6 „	1	5	6	...	1	1
„ 6 to 9 „	4	9	13	1	...	1
„ 9 to 12 „	1	4	5	...	1	1
„ 1 to 2 years	6	12	18	6	1	7
„ 2 to 3 „	2	1	3	2	1	3
„ 3 to 4 „	1	...	1	2	1	3
„ 4 to 5 „ .....	...	...	...	...	1	1
„ 5 to 6 „ .....	...	1	1	1	...	1
„ 6 to 7 „ .....	...	..	...	1	1	2
Total	17	33	50	14	8	22

TABLE VIII.,

Showing the duration of the Disorder on Admission in the Admissions, Discharges, and Deaths, during the Year 1872.

CLASS.	DURATION OF DISEASE ON ADMISSION, IN FOUR CLASSES.												
	ADMISSIONS.			DISCHARGES.						DEATHS.			
				Recovered.			Removed, Relieved, or otherwise.						
Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.		
FIRST CLASS—First attack, and within three months of admission	16	17	33	10	22	32	9	6	15	8	1	9	
SECOND CLASS—First attack, above three months and within twelve months of admission	5	2	7	1	2	3	5	...	5	2	3	5	
THIRD CLASS—Not first attack, and within twelve months of admission.....	4	5	9	3	6	9	4	1	5	1	1	2	
FOURTH CLASS—First attack or not, but of more than 12 months of admission.....	21	7	28	3	1	4	3	7	10	1	3	4	
Not known.....	2	5	7	...	2	2	4	1	5	2	...	2	
TOTAL.....	48	36	84	17	33	50	25	15	40	14	8	22	

TABLE IX.,

Showing the Ages of the Admissions, Discharges, and Deaths during the Year 1872.

AGES.	ADMISSIONS.			DISCHARGES.				DEATHS.		
				Recovered.		Removed, Relieved, or otherwise.		Male.	Fem.	Total.
				Male.	Fem.	Total.	Male.	Fem.	Total.	
From 10 to 15 years	...	...	...	...	...	...	...	...	...	...
" 15 to 20 "	2	3	5	...	2	...	...	...	...	...
" 20 to 30 "	6	3	9	...	11	18	1	1	2	3
" 30 to 40 "	10	12	22	4	7	11	9	6	15	3
" 40 to 50 "	13	8	21	1	7	8	4	3	7	3
" 50 to 60 "	11	8	19	5	6	11	7	2	9	5
" 60 to 70 "	4	1	5	...	...	...	3	...	3	5
" 70 to 80 "	...	1	1	...	...	...	...	...	1	3
" 80 to 90 "	...	...	...	...	...	...	...	...	2	2
" 90 and upwards.	...	...	...	...	...	...	...	...	...	...
Unknown	2	...	2	...	...	...	...	1	...	1
Total	48	36	84	17	33	50	25	15	40	22

TABLE X.,
Condition as to Marriage in the Admissions, Discharges, and Deaths during the Year 1872.

CONDITION IN REFERENCE TO MARRIAGE.	ADMISSIONS.			DISCHARGES.				DEATHS.		
	Male.	Fem.	Total.	Recovered.		Removed, Relieved, or otherwise.		Male.	Fem.	Total.
				Male.	Fem.	Total.	Male.	Fem.	Total.	
Single	20	12	32	7	10	17	12	9	21	6
Married	23	16	39	10	18	28	9	4	13	14
Widowed	2	6	8	...	5	5	4	2	6	2
Not known ..	3	2	5	...	...	..	...	...	...	...
Total	48	36	84	17	33	50	25	15	40	22

TABLE XI,
Showing the alleged Causes of the Mental Disorder in the Admissions, Discharges, and Deaths during the Year 1872.

CAUSES.	ADMISSIONS.			DISCHARGES.				DEATHS.		
				Recovered.		Not Recovered.				
				Males.	Fem.	Total.	Males.	Fem.	Total.	Total.
MORAL—										
Religious excitement ..	...	1	1	...	1	1	...	...	...	...
Domestic trouble.....	1	3	4	...	1	1	...	...	...	...
PHYSICAL—										
Injury to head.....	2	...	2	...	...	...	...	...	...	...
Masturbation	2	...	2	1	...	1	...	...	...	...
Over-lactation .....	...	2	2	...	1	1	...	...	...	...
Prostitution .....	..	2	2	...	2	2	...	...	...	...
Ovarian disorder .....	...	...	...	...	1	1	...	...	...	...
Change of life.....	2	4	6	1	2	3	...	1	5	1
Pregnancy.....	...	3	3	...	4	4	...	2	2	...
Anæmia.....	1	1	2	1	...	1	...	...	...	...
Over-work	2	...	2	1	...	1	1	...	...	...
Intemperance	5	2	7	8	5	13	7	...	7	12
Old age .....	...	...	...	...	...	...	...	...	...	2
Pubescence	1	2	3	...	2	2	...	...	...	...
Epilepsy	2	...	2	1	...	1	1	5	6	1
Fever.....	1	...	1	...	...	...	...	...	...	...
Paralysis	2	...	2	...	...	...	...	...	...	1
Congenital .....	...	...	...	...	...	...	1	...	1	...
Hereditary .....	...	1	1	...	...	...	...	...	...	...
Unknown	27	15	42	4	14	18	11	6	17	5
Total.....	48	36	84	17	33	50	25	15	40	22

APPENDIX II.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

Balance Statement of the Income and Expenditure during the Year ending December 31st, 1872.

INCOME.		EXPENDITURE.	
Jan. 1st.—To Balance of Cash—	Dec. 31st.—By	£	£
" " Clerk to the Visitors	" " Clothing	s.	s.
" " Clerk to Asylum	" " Salaries and Wages	d.	d.
1874 7 1	Provisions	3124 17	31 1
8 14 10	" " Clothing	467 18	9 1
4 12 5	" " Salaries and Wages	1427 14	10 1
1887 14 4	" " Necessaries	1135 7	10 1
4666 9 0	" " Surgery and Dispensary	26 18	5 1
673 9 0	" " Wine, Spirits, &c.	52 17	6 1
373 1 0	" " Furniture and Bedding	340 6	1 1
106 5 6	" " Garden and Farm	154 5	7 1
65 11 11	" " Rates and Taxes	95 16	0 1
94 16 0	" " Miscellaneous	247 0	0 1
131 12 0	" " Building and Repairs	196 15	6 1
202 13 6	" " Funeral Expenses	25 3	6 1
27 10 0	" " Cash paid Capital	7295 1	5 1
98 2 0	" " Balance of Cash—Treasurer	1000 0	0 1
71 13 2	" " Clerk to the Visitors	1624 11	10 1
140 3 6	" " Clerk to the Asylum	0 0	0 1
31 14 0	" " Arrears (Private Patients)	27 8	11 1
£2 2 0		1652 0	9 1
6 16 0		13 11	5 1
21 12 0			
12 4 0			
4 8 0			
3 6 0			
49 0 0			
36 12 0			
622 4 0			
7451 4 7			
498 16 2			
103 13 9			
5 12 6			
0 0 10			
13 11 5			
£9960 13 7			

**March 19th, 1873—Examined and found correct,
CHARLES SMITH, AUDITOR.**

DAVID BRODIE, CLERK AND STEWARD.

NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

Average Cost per Week per Patient during the Year 1872.

Headings of Expenditure.	Amount.	Average.
	£ s. d.	s. d.
Provisions	3124 17 3½	4 10½
Clothing	467 18 9½	0 8¾
Salaries and Wages	1427 14 10	2 2¼
Necessaries	1135 7 10	1 9¼
Surgery and Dispensary	26 18 5	0 0¼
Wines, Spirits, &c.	52 17 6	0 1
Furniture and Bedding ...	340 6 1	0 6¾
Garden and Farm	154 5 7½	0 2¾
Rates, Taxes, and Insurance	95 16 0½	0 1¾
Miscellaneous	247 0 0	0 4½
Building and Repairs	196 15 6	0 3½
	7269 17 11	11 3¼
Less by Sales, &c.....	103 13 9	0 1¾
Nett Cost and Average	7166 4 2	11 1¾

DAVID BRODIE,

Clerk and Steward.

